

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/509953

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/	/					61						
12	/	/					62						
13	/	/					63						
14	/	/					64						
15	/	/					65						
16	/	/					66						
17	/	/					67						
18	/	/					68						
19	/	/					69						
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39	/	/					89						
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41	/	/					91						
42	/	/					92						
43	/	/					93						
44	/	/					94						
45	/	/					95						
46	/	/					96						
47	/	/					97						
48	/	/					98						
49	/	/					99						
50	/	/					100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	14	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	18						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY